



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Check if New Address

FROM: Name:

Address:

City/State/Zip:

Email Address:

ACCOUNT IDENTIFIER:

Social Security or Tri-Star Account #

Employees participating in the Flexible Spending Accounts or Health Reimbursement Arrangements have the option to have their reimbursements electronically deposited directly into their personal checking or savings account. With Direct Deposit, funds will be electronically deposited to your account the banking day after generated by Tri-Star Systems.

TYPE OF TRANSACTION (select one): New Change Cancel

Financial Institution Name:

Routing Number: (9 digit # on bottom of checks)

Bank Account Number:

Account Type (check one): Checking Savings

SIGNATURE/AUTHORIZATION: *I hereby authorize Tri-Star Systems to initiate credit entries to my account, indicated on the attached voided check, for reimbursements made to me by Tri-Star Systems. I understand that this authorization will remain in effect from year to year or until I change or cancel it.*

Signature

Date

RETURN TO: Please return this signed form along with a voided check to your employer during enrollment or to:

Tri-Star Systems
ATTN: Claims Dept.
16253 Swingley Ridge Road, Suite 210
Chesterfield, MO 63017

Phone: 314.576.4022
Toll-Free: 1.800.727.0182
FAX: 314.985.0277
FAX Toll-Free: 1.800.818.0829

Conditions of participation include:

- Your financial institution must be a member of an Automated Clearing House
- If you wish to cancel your participation in Direct Deposit, you must change it online through your account login or complete another Authorization Agreement.
- It is your responsibility to notify Tri-Star Benefit Systems, Inc. immediately of any changes in your financial institution (i.e., change of account number, closure of account, etc.) To notify us of the change, change it online through your account login or complete another Authorization Agreement. Mark the Change box in the Type of Transaction entry.
- Your electronic transfer will be made directly into your account. Please allow 5 business days for us to change this before filing claims on your account.
- The agreement represented by this Authorization Agreement will remain in effect from one plan year to the next until you cancel it. To cancel, you must change it online through your account login or complete a new Authorization Agreement and mark the Cancel box in the Type of Transaction entry.
- This agreement may also be canceled by your financial institution. In such cases, you will receive reimbursement checks in the mail.